

## APPENDIX C

**EXPERT FIELD MEDICAL BADGE QUALIFICATION RECORD**

For use of this form, see AMEDDC&amp;S Pam 350-10, the proponent is MCCS-HT

## PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C., section 301.

PURPOSE: To award the individual the Expert Field Medical Badge.

ROUTINE USES: To provide the local PAC this information so orders are issued for award of the badge.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: While the individual has the right to refuse disclosure of his/her Social Security Number, this information is needed to issue the orders. Failure to provide the Social Security Number may result in denial of the award of the badge.

1. THRU	2. TO	3. FROM			
4. NAME (Last, First, MI)	5. GRADE	6. MOS	7. SSN		
8. UNIT					
CRITICAL PERFORMANCE AREAS AND TASKS	TEST REQUIREMENTS	TEST DATE (YYYYMMDD)	GO	NO GO	CANDIDATE SCORE
9. ARMY PHYSICAL FITNESS TEST	180 POINTS (60 PER EVENT)				
10. WEAPONS QUALIFICATION	MARKSMAN				
11. CARDIOPULMONARY RESUSCITATION CERTIFICATION	CURRENT				
12. WRITTEN TEST	75 OF 100				
13. LAND NAVIGATION TASKS					
a. Navigate from one point to another during the day	3 OF 4 POINTS				
b. Navigate from one point to another during the night	3 OF 4 POINTS				
14. COMMUNICATION TASKS	3 OF 4 TASKS				
a. Assemble and operate a SINCGARS or SINCGARS (ASIP) without ANCD					
b. Load FH/COMSEC data and conduct radio check using SINCGARS or SINCGARS (ASIP)					
c. Prepare and transmit a MEDEVAC request					
d. Submit NBC 1 report					
15. COMMON SKILLS TASKS	9 OF 12 TASKS				
a. Protect yourself from chemical/biological contamination using your assigned protective mask					
b. Decontaminate yourself using chemical decontaminating kits					
c. Protect yourself from NBC injury/contamination with MOPP gear					
d. Perform self-aid for mild nerve agent poisoning					
e. Protect yourself from biological or chemical injury/contamination when removing MOPP gear					
f. Store the M40-series protective mask with hood					
g. Correct malfunction of an M4 carbine or M16-series rifle					
h. Disassemble and assemble an M9 pistol and perform a function check					
i. Camouflage yourself and your individual equipment					
j. Move under direct fire					
k. Disassemble and assemble an M16-series rifle or M4/M4A1 carbine					
l. Perform a function check on an M16-series rifle or M4/M4A1 carbine					

CRITICAL PERFORMANCE AREAS AND TASKS	TEST REQUIREMENTS	TEST DATE (YYYYMMDD)	GO	NO GO	CANDIDATE SCORE
16. EMERGENCY MEDICAL TREATMENT TASKS	8 OF 10 TASKS				
a. Triage casualties on a conventional battlefield					
b. Perform a casualty assessment					
c. Control bleeding					
d. Treat a casualty with an open chest wound					
e. Treat a casualty with an open abdominal wound					
f. Immobilize a suspected fracture of the arm					
g. Initiate treatment for hypovolemic shock					
h. Treat a casualty with an open head injury					
i. Initiate an IV infusion					
j. Initiate a Field Medical Card					
17. EVACUATION OF THE SICK AND WOUNDED TASKS	6 OF 8 TASKS				
a. Establish a helicopter landing point					
b. Load casualties onto a UH 60 helicopter					
c. Load casualties onto ground evacuation platform (M996, M997, or M113)					
d. Load casualties onto nonstandard vehicle (5-Ton M-1085, M-1093, or 2 ½-Ton M-1081) or (2 ½-ton, 6x6 or 5-ton, 6x6, cargo truck)					
e. Load casualties onto nonstandard vehicle (1 ¼-ton, 4x4, M-998)					
f. Prepare to transport a casualty with a suspected spinal injury					
g. Transport a casualty using the fireman's carry					
h. Transport a casualty using the cradle drop drag					
18. LITTER OBSTACLE COURSE TASKS	6 OF 8 TASKS				
a. Surmount a low wall obstacle					
b. Surmount a high wall obstacle					
c. Cross a trench obstacle					
d. Transport a casualty through a narrow obstacle					
e. Transport a casualty over rough terrain					
f. Transport a casualty through a barbed wire obstacle					
g. Transport a casualty uphill					
h. Transport a casualty downhill					
19. FOOT MARCH	3 HOURS				
20. <input type="checkbox"/> QUALIFIED <input type="checkbox"/> NOT QUALIFIED FOR AWARD OF EFMB (IAW AMEDDC&S PAM 350-10)					
21. REMARKS					
22. TYPED NAME, GRADE, AND BRANCH OF EFMB CHAIRPERSON	23. SIGNATURE			24. DATE (YYYYMMDD)	

REVERSE OF AMEDDC&S FORM 1232-R, JAN 2004